ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	H		10/31/01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		12	6/19
FORMALITY REVIEW	H.T	913	08/06/01
RESPONSE FORMALITY REVIEW	RM	927	01 18 02

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
– (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim (Final)	Claim (Original)	Date
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Claim (Final)	Claim (Original)	Date
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Claim (Final)	Claim (Original)	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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